

Topical Lotion/Medication Permission Form

I hereby give you, _____, permission to use the

(Name of Child Care Program)

following on following on my child, _____, when

(Name of Child)

appropriate.

____ Sunscreen

____ Insect Repellent

____ Desitin/ A&D

____ First Aid cream/lotion/spray

____ Sunburn relief spray/lotion/gel

____ Vaseline

____ Teething reliever

____ Hand lotion

____ Other _____

____ Other _____

(Parent/Guardian Signature)

(Date)